ATTACHMENT #3

APPLICATION FOR KINSHIP CARE PAYMENT

Attachment #3 is a model application form for the Kinship Care program. This is a model form and is not required. This is Form CFS-2023 and can be ordered in writing (preferably on the DMS-25 form) from:

Attn: Forms
DHFS/DSL
P.O. Box 309
Madison, WI 53701-0309

In addition to providing space for gathering minimal demographic information about the relative caretaker, the minor relative, other adults living in the home and employes of the relative caretaker who would have regular contact with the child, there is included on the form a list of statements to which the relative must attest.

Regardless of whether this form or another form is used, the relative, during the application phase, must attest to the statements included on this form. We, therefore, recommend that any other form developed for this purpose include these statements with an area for the relative caretaker(s) to sign, indicating his or her (or their) concurrence with the statements.

Should there be more children, other adults or employes than the form will accommodate, a supplemental form or paper should be added so that all of these individuals can be identified and included. This will be of assistance should additional children, other adults or employes be added to the home or should the configuration of individuals change (i.e., there will be documentation of which individuals were in the home at the time of application).

APPLICATION FOR KINSHIP CARE PAYMENT

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